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ABSTRACT

This report examines three federal programs (Head Start, WIC--special supplemental food program for Women, Infants, and Children, and immunization) designed to prepare children for a healthy start in life and school and shows, county-by-county, how well Minnesota children are served. It notes that during 1992-93, only 31 percent of eligible Minnesota children were enrolled in the Head Start preschool program, only 67 percent of eligible women and children participated in the Special Supplemental Food Program for Women, Infants, and Children (WIC), and that only 63 percent of Minnesota kindergartners had been fully immunized by age 2. The report advocates increased funding for Head Start and WIC, and increased emphasis on childhood immunization and immunization outreach in other community, state, and federal programs. The report also examines differing rates of enrollment and participation at the county level, and provides suggestions for parents and community members to help increase Head Start, WIC, and immunization awareness and funding. (MDM)

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kids count minnesota

Fall 1993

Behind from the start

Prevention programs not reaching many Minnesota children

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The schoolhouse doors are open, welcoming more than 62,000 children to kindergarten throughout Minnesota. Unfortunately, not all children who came to school eager to learn in September 1993 will graduate in June 2006 ready for the workforce or higher education. Many will drop out along the way, often because they were not prepared for school when they first arrived.

To be successful in school, children must arrive on the first day ready and able to learn. This report examines three federal efforts -- Head Start, WIC (Special Supplemental Food Program for Women, Infants, and Children), and immunizations -- designed to get children off to a strong start and shows, county-by-county, how well Minnesota children are served.

Despite strong evidence that Head Start, WIC and immunizations promote child health, save money, and prevent future problems, none reaches all eligible children.

There are also wide variations from county to county and from program to program in the percentage of children served by each.

Unless otherwise noted, all Head Start data are from the Minnesota Department of Jobs and Training for the 1992-93 program year. WIC data, from the Minnesota Department of Health, are for July 1993. Immunization data, also from the Minnesota Dept. of Health, are for the two-year benchmark for children who began kindergarten in fall 1992.

KIDS COUNT finds:

- Only 31% of eligible Minnesota children get Head Start. An eligible child is most likely to be in Head Start in Lake of the Woods or Nobles County and least likely to be enrolled in Cook County.

- In Minnesota, 67% of eligible women and children get WIC. They are most likely to receive WIC in Ramsey County and least likely to receive WIC in Lincoln County. In eight counties, fewer than one-third of those eligible are getting WIC.

- Among Minnesota children who began kindergarten in 1992, only 63% had been fully immunized by age two, leaving over 20,000 children vulnerable to disease. Immunization rates ranged from a low of 43.1% in Lake of the Woods County to a high of 78.1% in Blue Earth County.

- Large discrepancies in service exist among counties with similar populations. For example, over 80% of 271 children entering kindergarten in Nobles and Wadena counties had received their first immunizations at four months; by age two, 67.2% were immunized in Nobles but only 47.2% in Wadena.

- Children are more likely to get WIC but less likely to get Head Start and immunizations in the Twin Cities metro area than in Greater Minnesota. Over 2,000 more children are getting WIC in the Twin Cities than in the rest of the state combined.

Look inside for:

- County-by-county data on rates of participation in each program.
- Description of each program, including eligibility criteria, funding and delivery systems.
- What you can do.

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Three programs working for children

Head Start, WIC and childhood immunizations serve a common goal: to get children off to a good start and prevent more complex and expensive problems later on. Despite their common goal, the programs have different eligibility criteria, funding and delivery systems.

Head Start

Head Start is a comprehensive half-day preschool program for three, four, and five year-olds from low-income families. It was launched in the summer of 1965 with a bold mission: to help break the cycle of poverty by preparing low-income preschool children for school success.

Head Start gives children medical and dental check-ups and treatment. In Minnesota, 91% of Head Start children have received all of their childhood immunizations. Head Start also educates. Children who participate in Head Start are less likely to be retained in grade or require special education.

Head Start involves parents in their children's education and development. In Minnesota, almost half of all Head Start staff are current or former Head Start parents. Head Start helps families with a wide range of needs: 96% of families with children in Head Start have had family needs assessments, and 87% of those families are receiving necessary services.

Head Start prepares children for success. Graduates of high quality preschool programs such as Head Start earn more later on in life and are less likely to be arrested. Girl Head Start graduates are twice as likely to finish high school as girls who did not attend a comparable preschool program.

In addition to building self-esteem and preparing children for success in school and work, Head Start is cost-effective. One dollar invested in Head Start saves three to seven dollars in later costs related to school dropout, teen pregnancy, welfare, and crime.

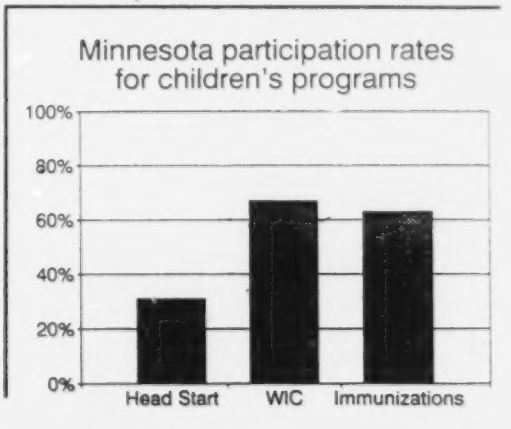
All three, four, and five year-olds in families with incomes below poverty ($11,890 for a family of three) are eligible for Head Start. But, because of limited funding, less than one-third of eligible Minnesota children get Head Start. Two-thirds of children in Head Start live in rural areas and small towns. Seventy-two percent are white, 11.5% are African American, 7.9% are Asian American, 4.2% are Hispanic, and 4.2% are American Indian.

In about half of Minnesota counties, Head Start serves fewer than two in five eligible children. Counties where a greater percentage of eligible children get Head Start are concentrated in two primarily rural areas of the state. Of 11 counties where two-thirds or more of eligible children are served, five -- Traverse, Big Stone, Grant, Swift, and Lac Qui Parle -- are in west-central Minnesota and four -- Roseau, Marshall, Lake of the Woods, and Koochiching -- are in northern Minnesota.

The cost of Head Start -- approximately $3,200 per year per child -- is paid primarily with federal money. Minnesota is one of 14 states that appropriate state money for Head Start. In fiscal year 1993, Minnesota Head Start was funded with $30.6 million in federal money and $8.5 million in state money. Some Head Start agencies also receive funding from additional sources including local governments, nonprofit agencies, and corporations.

What's needed

An additional $66 million (in 1993 dollars) would provide the current level of Head Start services to all eligible Minnesota children. In addition, however, Head Start will need to accommodate children whose parents



are in the workforce, serve children under age three, and ensure the quality of all programs.

Reaching its full potential, Head Start would serve all eligible three, four, and five-year-olds; provide full-day, full-year services to at least one-third of all eligible children; help Head Start graduates with the transition to elementary school; provide services to families of infants and toddlers; and offer parents more assistance in preparing for and finding jobs.

President Clinton has proposed full funding of Head Start by 1999, at an annual cost of $7.7 billion by 1998. The appropriation bill before Congress in October 1993 includes a $550 million increase for Head Start.

WIC

WIC is a federal program providing food and nutrition education to at-risk, low-income pregnant women, new mothers, infants, and children under age five.

WIC makes sure that children are well nourished. Since the brain develops before birth and during the earliest years of childhood, good nutrition in the first months and years of life is critical to a child's success later in life.

WIC participants receive four services: nutrition assessment; nutrition counseling and education; an individually tailored "food prescription" in the form of a WIC voucher that can be exchanged at a local grocery store; and referrals for other services such as medical care, dental care, Head Start, Early Childhood Family Education (ECFE), Food Stamps, job training and housing. Foods that can be purchased with WIC vouchers include milk and cheese, high iron cereal, eggs, dried beans and lentils, juice with vitamin C, and iron-fortified infant formula.

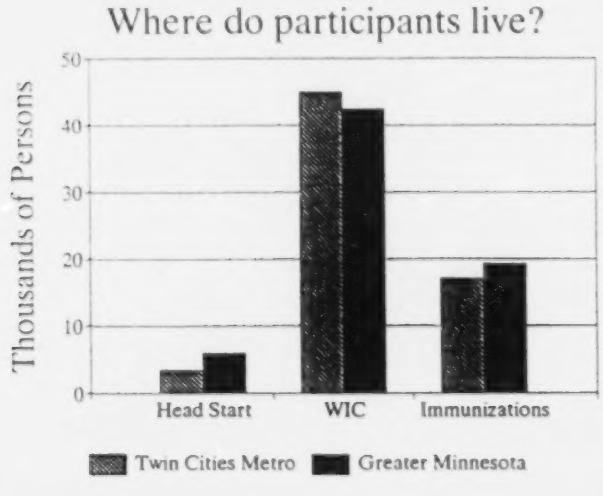
WIC serves pregnant women and children under age five who live in families with incomes below 185% of poverty ($1,834/month for a family of three) and are at nutritional risk (e.g., have anemia, history of miscarriage, or low weight). WIC serves participants on a priority basis, with highest priority for pregnant and breastfeeding women and infants with a medical risk. Lowest priority is given to women and children whose medical problems have been resolved, but who are likely to regress without ongoing nutritional support. In general, participants with medical risks have a higher priority than those at nutritional risk; and pregnant women and infants have higher priority than children.

Studies show that at-risk children who get WIC appear to be better prepared for school. Four and five-year-olds whose mothers got WIC during pregnancy were found to have higher vocabulary test scores. Children who got WIC after their first birthday scored higher on memory tests. WIC also decreases the risk of low birthweight, giving children a greater chance to thrive.

In addition to improving lives, WIC saves money. Every dollar invested in WIC for pregnant women saves $1.92 to $4.21 in Medicaid costs. By raising birth weights, WIC reduces Medicaid costs $12,000 to $15,000 per child.

Statewide, WIC serves two-thirds of eligible women and children. But in eight counties -- Lincoln (22.2%), Murray (24.0%), Mahnomen (26.7%), Blue Earth (28.4%), Stevens (29.7%), Fillmore (29.9%), Rock (30.8%), and Waseca (33.1%) -- fewer than one-third are served.

Even in counties where high percentages of eligible women and children seem to be getting WIC, demand exceeds program capacity. In Ramsey and Anoka

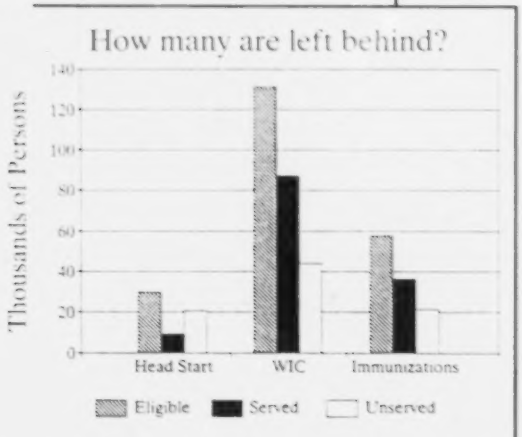


counties, over 90% of eligible women and children are getting WIC, yet about 1,300 are on waiting lists. Statewide, in June 1993 over 4,500 WIC-eligible people were waiting for services.

WIC is funded primarily with federal money although 26 states, including Minnesota, add state money to their federal WIC appropriations. In fiscal year 1993, Minnesota WIC was funded with $39.1 million in federal money and $890,000 in state money. WIC costs about $578 per participant in Minnesota.

What's Needed

An additional $25 million per year (1993 dollars) would provide the current level of service to all eligible women, infants and children in Minnesota. A bill now in Congress proposes full funding by 1996 and appropriates $10.8 billion nationwide. However, Minnesota's share of the proposed federal appropriation would probably fall short of full funding because of the undercount of some populations (see page 7 -- "More than 100%?"); but it would certainly go a long way toward the goal.



Immunizations

Unlike WIC and Head Start, childhood immunizations are not a "program" for children. They are a service which all children need to be healthy.

Immunizations protect children against diseases that can result in permanent disability or death. Measles, for example, which is easily prevented with two doses of vaccine, can produce complications such as bronchial pneumonia, encephalitis (which may result in permanent brain damage or death) and chronic middle ear infections.

Immunizations are the proverbial ounce of prevention. They save lives and prevent unnecessary illnesses. The success of vaccines is nothing short of phenomenal. With the exception of safe water no other public health effort has been as effective in preventing illness. For every dollar spent on measles vaccine, $14 is saved in health care costs. Every dollar spent on pertussis (whooping cough) vaccine saves $2.10 in health care costs.

Children should get about 80% of their immunizations before age two. The Minnesota Department of Health has a series of benchmarks for immunizing children. The first benchmark is one DPT (diphtheria, tetanus, pertussis) shot by four months of age. The final benchmark is full immunization by age two.

Of Minnesota children entering kindergarten in 1992, 88% had received their first DPT (diphtheria, tetanus, pertussis) shot by age four months but only 63% had met the two-year goal of full immunization. The steepest decline was in Wahtonwan County where almost half (48.4%) of children who were immunized at four months were not fully immunized at two years.

Children in highly populated counties are more likely to be fully immunized at age two than are children in small counties. Of the ten largest counties, only three -- Wright, St. Louis, and Dakota -- are below average. Two of the ten largest counties -- Stearns and Olmsted -- have among the highest immunization rates.

Immunizations, like other health services, are paid for in a variety of ways: by families, through medical insurance, and by public health clinics. Although 80% of Minnesota children are immunized by private providers, cost is not a major deterrent to full immunization in this state for two reasons: (1) Minnesota law requires private insurance policies to cover immunizations and (2) almost all children not privately insured have access to health coverage through Minnesota Care or Medicaid.

The federal budget reconciliation bill, passed in August 1993, appropriates an additional $585 million nationwide to provide federally purchased vaccines for children who are uninsured or receiving Medicaid and for children being immunized at health centers. The bill also guarantees discounts for states that want to

purchase vaccines in bulk. Minnesota health officials have not determined how the new federal money will help Minnesota children. At the very least it should free up Medicaid dollars for other services.

What's needed

Unlike Head Start and WIC, the answer to improving immunization rates for Minnesota children is not simply more money. Several changes are needed, including increased collaboration, education of parents and doctors, and better tracking.

It is clear from the 91% rate of immunization of Head Start children that rates go up when immunizations come to children instead of the other way around. The first step in bringing immunizations to children is to offer them through other programs, such as child care, that are already reaching large numbers of infants and young children. Adding immunizations to existing programs would, of course, require more funding for those programs.

Many parents don't know the importance of immunizations or understand the need for a series of shots. They must be educated about these fundamental facts. Medical professionals, including family practice physicians and pediatricians, do not always review immunizations when a child is in the office. They could change their standards of practice and immunize children who visit them for other reasons. And a better way to track children's immunizations would prevent so many children from falling through the cracks.

As of October 1993, the appropriations bill moving through Congress includes $186 million more for immunization outreach.

KIDS COUNT questions:

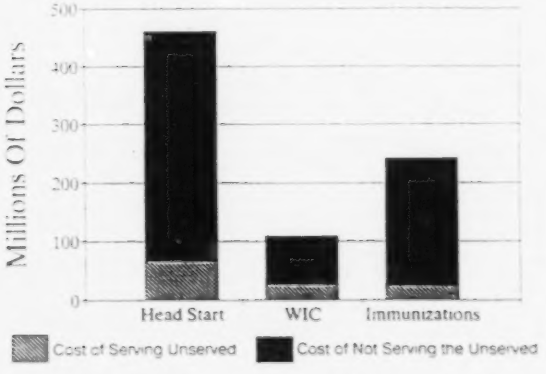
Head Start, WIC and immunization data tell how many children are served in each county and how service varies from one county to another. What they can't tell is why:

- Why would a county have low participation in one program and relatively high participation in another? Ten counties are in the top ten in one program and bottom ten in another. Clay and Wilkin, for example, are in the top ten for WIC participation but bottom ten for immunizations.

- Why, despite high rates of immunization in Head Start, does Lake of the Woods County, with the state's highest Head Start participation (over 100%) have one of the lowest rates of immunization (43.1%)? Conversely, why does Cook County, with the state's lowest rate of Head Start (0%), have one of the highest rates of both WIC (82.7%) and immunizations (72.4%)? Traverse is the only county with high rates of both Head Start and immunizations.

While more funding is the most pressing need, especially for Head Start and WIC, answers to these and other questions will point the way toward maximum service for children in all programs.

The cost of failing to invest



In addition to the human tragedy of wasted lives, failure to invest in preventive programs is costing millions of dollars. We have clear choices: Spend $66 million on Head Start for children not now served or $460 million on crime, welfare, and lost productivity. Spend $25 million on WIC for women and children not now served or $106 million on medical costs. Spend $24 million more to immunize all children or $240 million on medical care to treat children and adults with unnecessary serious diseases.

Head Start, WIC and

County	Head Start			WIC			Immunizations				
	Children Eligible	Children Served	Percent Served	Persons Eligible	Persons Served	Percent Served	Children Enrolled	Imm'd 4 mos	Percent 4 mos	Imm'd 2 yrs.	Percent 2 yrs.
Aitkin	118	58	49.2	731	504	68.9	178	144	80.9	85	47.8
Anoka	1,126	290	25.8	4,200	4,128	98.3	4,852	4,279	88.2	3,057	63.0
Becker	348	137	39.4	1,423	1,068	75.0	403	338	83.9	248	61.5
Beltrami	564	153	27.1	1,947	1,177	60.4	529	408	77.1	293	55.4
Benton	161	88	54.7	1,116	740	66.3	555	492	88.6	391	70.5
Big Stone	45	33	73.3	337	198	58.7	133	115	86.5	82	61.7
Blue Earth	370	141	38.1	2,326	660	28.4	855	776	90.8	668	78.1
Brown	116	70	60.3	878	334	38.0	458	416	90.8	325	71.0
Carlton	228	53	23.2	1,184	896	75.7	524	443	84.5	308	58.8
Carver	171	62	36.3	848	458	54.0	808	749	92.7	533	66.0
Cass	334	60	18.0	1,288	1,023	79.4	373	307	82.3	219	58.7
Chippewa	111	52	46.8	553	439	79.4	147	130	88.4	90	61.2
Chisago	170	36	21.2	875	587	67.1	497	398	80.1	266	53.5
Clay	351	134	38.2	1,821	1,536	84.4	715	630	88.1	344	48.1
Clearwater	135	43	31.9	501	256	51.1	144	112	77.8	74	51.4
Cook	23	0	0.0	145	120	82.7	58	55	94.8	42	72.4
Cottonwood	93	22	23.7	552	307	55.6	188	170	90.4	114	60.6
Crow Wing	409	155	37.9	2,044	1,653	80.9	753	658	87.4	453	60.1
Dakota	941	237	25.2	3,968	3,122	78.7	5,236	4,739	90.5	3,283	62.7
Dodge	71	30	42.3	485	357	73.5	273	236	86.4	150	54.9
Douglas	202	113	55.9	1,340	747	55.8	447	390	87.3	287	64.2
Faribault	152	37	24.3	738	253	34.3	234	212	90.7	165	70.5
Fillmore	197	48	24.4	962	288	29.9	388	297	76.5	253	65.2
Freeborn	217	48	22.1	1,183	589	49.8	406	327	80.5	209	51.5
Goodhue	237	85	35.9	1,178	535	45.4	641	538	83.9	404	63.0
Grant	44	30	68.2	316	151	47.8	47	41	87.2	30	63.8
Hennepin	7,076	1,780	25.2	24,228	17,085	70.5	7,576	6,856	90.5	4,773	63.0
Houston	83	50	60.2	660	367	55.6	303	268	88.4	171	56.4
Hubbard	170	69	40.6	765	426	55.7	179	156	87.2	91	50.8
Isanti	157	53	33.8	783	500	63.9	377	335	88.9	199	52.8
Itasca	488	144	29.5	1,846	1,300	70.4	561	504	89.8	312	55.6
Jackson	95	50	52.6	495	232	46.8	166	142	85.5	113	68.1
Kanabec	114	32	28.1	587	304	51.8	188	160	85.1	98	52.1
Kandiyohi	342	111	32.5	1,544	1,220	79.0	627	528	84.2	403	64.3
Kittson	50	33	66.0	238	178	74.8	96	86	89.6	71	74.0
Koochiching	98	72	73.5	716	411	57.4	173	140	80.9	94	54.3
Lac Qui Parle	59	43	72.9	423	204	48.2	105	95	90.5	69	65.7
Lake	69	34	49.3	415	227	54.8	165	148	89.9	104	63.3
Lake of the Woods	20	22	110.0	184	114	61.9	65	53	81.5	28	43.1
LeSueur	111	37	33.3	737	288	39.1	310	277	89.4	190	61.3
Lincoln	47	22	46.8	347	77	22.2	51	44	86.3	35	68.6
Lyon	131	79	60.3	941	451	47.9	427	376	88.1	219	51.3
Mahnomen	94	32	34.0	850	227	26.7	593	534	90.1	382	64.5
Marshall	100	66	66.0	351	258	73.4	58	52	89.7	34	58.6

For Head Start:

"Children eligible" is the number of 3-, 4-, and 5-year-olds below poverty in each county, from the 1990 U.S. Census.

"Children served" is the number of children for whom funding was available for the 1992-93 program year, from MN Dept. of Jobs and Training.

For WIC:

"Persons eligible" is the number of women, infants and children in families with incomes below 185% of poverty. County numbers were determined by distributing the state total of women, infants and children in families with incomes below 185% of poverty, from the 1990 U.S. Census, among counties in proportion to each county's share of all people in poverty.

"Persons served" is the number of eligible persons served by WIC in July 1993, from the MN Dept. of Health.

immunizations by county

County	Head Start			WIC			Immunizations				
	Children Eligible	Children Served	Percent Served	Persons Eligible	Persons Served	Percent Served	Children Enrolled	Imm'd 4 mos	Percent 4 mos	Imm'd 2 yrs.	Percent 2 yrs.
Martin	194	55	28.4	524	419	79.9	172	152	88.4	107	62.2
McLeod	122	53	43.4	873	424	48.6	327	307	93.9	219	67.0
Meeker	154	74	48.1	870	439	50.5	343	277	80.8	201	58.6
Mille Lacs	163	58	35.6	843	596	70.7	475	396	83.4	243	51.2
Morrison	347	109	31.4	1,518	895	58.9	503	425	84.5	318	63.2
Mower	187	78	41.7	1,363	661	48.5	487	419	86.0	307	63.0
Murray	89	21	23.6	429	103	24.0	129	103	79.8	76	58.9
Nicollet	150	76	50.7	747	272	36.4	214	199	93.0	143	66.8
Nobles	98	101	103.1	812	429	52.8	271	227	83.8	182	67.2
Norman	55	21	38.2	383	233	60.9	85	78	91.8	43	50.6
Olmsted	504	118	23.4	2,182	1,439	65.9	1,786	1,645	92.1	1,366	76.5
Otter Tail	370	152	41.1	2,355	1,027	43.6	686	582	84.8	320	46.6
Pennington	132	58	43.9	612	484	79.1	178	154	86.5	100	56.2
Pine	170	42	24.7	1,002	554	55.3	292	248	85.1	147	50.5
Pipestone	92	44	47.8	503	175	34.8	232	201	86.6	143	61.6
Polk	314	191	60.8	1,423	1,236	86.9	661	564	85.3	371	56.2
Pope	97	38	39.2	560	270	48.2	138	117	84.8	76	55.1
Ramsey	4,762	842	17.7	13,703	14,221	103.8	3,372	2,890	85.7	2,161	64.1
Red Lake	40	19	47.5	248	174	70.1	65	64	98.5	50	76.9
Redwood	165	53	32.1	776	348	44.8	290	267	92.1	206	71.0
Renville	159	41	25.8	767	549	71.5	289	257	88.9	196	67.8
Rice	235	55	23.4	1,296	849	65.5	681	574	84.3	443	65.1
Rock	68	21	30.9	432	133	30.8	134	126	94.0	91	67.9
Roseau	102	82	80.4	611	430	70.4	294	234	79.6	157	53.4
Scott	138	90	65.2	7,681	4,436	57.8	2,492	2,203	88.4	1,610	64.6
Sherburne	140	78	55.7	1,004	592	59.0	1,251	1,161	92.8	826	66.0
Sibley	113	49	43.4	1,036	695	67.1	906	814	89.8	570	62.9
St. Louis	1,528	633	41.4	568	305	53.7	198	171	86.4	119	60.1
Stearns	640	209	32.7	4,355	1,834	42.1	1,848	1,621	87.7	1,281	69.3
Steele	128	60	46.9	798	565	70.8	537	468	87.2	355	66.1
Stevens	56	23	41.1	481	143	29.7	113	99	87.6	78	69.0
Swift	90	60	66.7	537	389	72.4	159	139	87.4	93	58.5
Todd	244	97	39.8	1,382	662	47.9	352	293	83.2	214	60.8
Traverse	48	47	97.9	223	102	45.8	24	23	95.8	17	70.8
Wabasha	95	32	33.7	679	251	36.9	368	320	87.0	227	61.8
Wadena	157	45	28.7	774	428	55.3	271	232	85.6	128	47.2
Waseca	80	40	50.0	640	212	33.1	265	239	90.2	172	64.9
Washington	462	75	16.2	2,047	1,423	69.5	2,472	2,220	89.8	1,664	67.3
Watonwan	107	23	21.5	528	316	59.8	139	122	87.8	63	45.3
Wilkin	54	30	55.6	343	274	79.9	118	104	88.1	58	49.2
Winona	277	103	37.2	1,741	891	51.2	640	563	88.0	423	66.1
Wright	363	179	49.3	1,862	1,003	53.9	1,407	1,245	88.5	834	59.3
Yellow Medicine	105	68	64.8	536	356	66.4	161	144	89.4	94	58.4
State Total	**29,832**	**9,287**	**31.1**	**131,096**	**87,232**	**66.5**	**57,687**	**50,841**	**88.1**	**36,252**	**62.8**

For Immunizations:

"Children Enrolled" is the number of children starting kindergarten in fall 1992.

"Imm'd – 4 mos." is the number of children enrolled who had received their first immunizations by age 4 months.

"Imm'd – 2 yrs." is the number of children enrolled who had received their recommended immunizations by age 2.

Immunization data are from the MN Dept. of Health.

For all programs, "percent served" is the people served divided by the people eligible.

MORE THAN 100%?

The State of Minnesota knows how many children are in Head Start and how many women, infants and children get WIC but does not know exactly how many are eligible for each program.

Estimates of those eligible rely on the 1990 U.S. Census, which is inaccurate because it does not reflect the realities of changing populations, such as fertility rates and migration. A low count of those eligible makes the percentage served seem higher than it really is. That's why a few counties seem to serve more than 100% of people eligible. Ramsey County, for example, which seems to serve over 100% of women and children eligible for WIC, has a WIC waiting list of over 1,000 eligible people.

What you can do to help children

• Watch for and respond to action alerts from CDF and CCC on increased federal funding for Head Start, WIC, and immunizations. For up-to-date information about the status of national legislation call the CDF hotline at 202-662-3678.

• Ask a business in your community to advertise the need for regular child immunizations. Suggest the business donate coupons for goods or services to local health clinics to give to parents who have their children immunized.

• Find out whether hospitals and clinics in your community educate new parents on the importance of immunizations. If not, write to hospital and clinic administrators urging them to do so.

• Write a letter to the editor of your local newspaper explaining why Head Start, WIC, and immunizations are so important and highlighting the participation rates for your county.

• Report the findings for your county in your organization's newsletters and your congregation's bulletin. All citizens need to know we are failing to serve all children in need.

• Call CDF at 202-662-3588 for information on how you can organize a Child Watch visit to a local Head Start center so leaders and citizens in your community can see for themselves what Head Start is accomplishing.

• Contact your local Head Start or WIC center to find out what kind of help from the community is needed. Volunteer yourself and enlist other members of your congregation or community organization to help.

CDF and CCC thank staff of the Minnesota Department of Health and the Minnesota Department of Jobs and Training for their help retrieving and interpreting data for this report. Other sources: The WIC Project of the Center on Budget and Policy Priorities, Securing State Dollars for WIC (2nd Edition); Schweinhart and Weikart, "Appreciating the Head Start Program" (reviewing study conducted by High/Scope Educational Research Foundation, Spring 1993).

Minnesota KIDS COUNT, a joint project of the Children's Defense Fund – Minnesota and Congregations Concerned for Children, funded by the Annie E. Casey Foundation, provides county-by-county assessment of the condition of Minnesota's children. Minnesota KIDS COUNT releases annual reports and periodic studies that profile Minnesota's children and offer a blueprint for action on their behalf. Distribution of this report is supported by a grant from the Sheltering Arms Foundation.

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